



DEPARTMENT OF FINANCE & ADMINISTRATION

Agency/Department

# Travel Expense Reconciliation

Traveler:							Sponsored Business Travel Card Number:			
Official Station:							Total Credit Card Receipts Enclosed:			
Date  20 Mo.    Day		Travel Reimbursement					Direct Billing or Credit Card Purchases*			Total Daily Expenses
		Name of Town Visited	Meals	Lodging	Other Travel Expense	Total	Expense Item	D C	Amount	
Total TR-1 Claim							Total Charged			
GRAND TOTAL										
Signature of Traveler:						Date	Approved by Travel Administrator:			Date
Title:										
Department/Agency:						<i>Please indicate which type payment applies to each entry by inserting a D (Direct Pay) or a C (Credit Card Charge) in the appropriate column. Expense items: Lodging, Transportation, Registration, Car Rental, etc.</i>				